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An

Essay on

Dysentery

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Among the diseases which affect the people of the United States Dysentery holds a distinguished place. Every Physician meets with it in the course of his practice, every Hospital can furnish numerous instances of its existence, every weekly bill of Mortality, presents us with melancholy proof of its fatality

It is hoped then, that, a few observations on a subject of so much importance; as the nature, cause, and cure, of Dysentery, as it appears in our own country, will not be thought irrelevant or obtrusive.

So many theories and opinions have been maintained by different authors on the nature and cause of this disease; especially by the Physicians of Europe; that the Student of medicine finds himself completely defeated in his attempts to gain a correct knowledge of it, or, to reconcile the contradictions he finds in their works.

Many respectable writers maintain that the

disease is of a contagious nature; whilst others contend that it is only contagious when connected with Malignant fever.

I shall not in this essay pretend to determine how far any of those theories may be supported; but only remark that I believe the multiplied distinctions made by authors are only applicable to the various appearances of the same disease as influenced by constitution, season, climate; to different stages, and degrees of it; and to such cases where some other disease or epidemic is united with it; and they proceed to give an account of the nature of the disease as it presents itself in our own country.

So far as my observations and experience have gone, I am inclined to believe, that there is but one species of this disease, possessed of peculiar and characteristic marks, to which the name of Dysentery in right belongs, to which alone it should be given; and not indiscriminately to such cases as are connected with intermittent, remittent, or typhus fever.

In order to establish the truth of this opinion

it will not be amiss to take a short view of the definition generally given and most commonly received.

The name of the disease in question, though in constant use since the days of Hippocrates has not yet had its precise value fixed to it.

Even Cullen, however correct he may be in defining the nature of other diseases, has failed in attaching correct views to this.

With the learned and scientific professor of Medicine in this University, Dr Chapman, I object to the first part of ~~this definition~~ Cullen's definition, for frequently it is unattended by any pyrexia, except such as arises from local inflammation. This fever therefore cannot be idiopathic, and is never contagious except when combined with some other disease.

The remaining part of this definition sufficiently distinguishes the disease from all others, which is known by peculiar gripings, by the frequency and peculiarity of the stools, for these (as is observed by Mr. Varly) when the disease is fully formed —

never consist of the natural contents of the intestines, but in a very scanty discharge of mucus, serum, and blood, and are accompanied by a most distressing tenesmus.

Some of these are symptoms of other diseases of the alimentary canal, for which (it is no doubt) they are often mistaken.

The want of copious liquid stools, the severity of the vomiting, and of the tenesmus, together with the duration and other general circumstances of the disease, will serve fully to distinguish it from diarrhoea. While the copious liquid stools and continued vomiting, mark cholera, too strongly, to admit of any mistake in the attentive observer.

Some medical gentlemen pretend to say that diarrhoea and cholera are species of the same disease differing only in violence of action

This I think is sufficiently refuted in the case

of Cholera; by the rapidity with which it hastens to a fatal termination, and is checked by a mode of treatment, the opposite of that which is calculated to insure success in Dysentery.

On the causes of Dysentery

Various have been the opinions of authors respecting the causes of Dysentery. By some it has been supposed to arise from a species of contagion generated in the body of one individual and by him imparted to others. By others, it is supposed to arise from the alvine evacuations, from the stagnant secretions, and excretions.

But by a careful perusal of the writings of modern authors, I am inclined to believe that this will not be found to answer to the true character of the disease. But when Dysentery prevails as a contagious disease it arises from its combination with the typhus fever, as stated by Drs. Hosack and Chapman. To the latter gentleman

tells us that when contagion is the cause of this disease, there is but one uniform description of morbid action, or at least not more diversified than might be expected from proximity of contagion or the grade of force with which the attack was made. Whereas, if the disease arose from the alvine evacuations, the secretions, and excretions, it should be as diversified as the causes from which it derived its origin.

He further states, that it has been clearly shown that Dysentery when contagious may be propagated through the utmost care be taken as regards cleanliness in all respects. What then are we to conclude (continues he) except that in the typhus state of this disease, the extreme we seek to take on an action by which the contagious matter is eliminated and eliminated out of the system.

Dysentery may arise from other causes: by some it is alledged that it is occasioned by the same remote or occasional causes as intermittent fever in

conjunction with the application of cold to the surface of the body. On such of this opinion, they appeal to the circumstances of both diseases occurring in similar situations, and becoming epidemic about the same season of the year. But the circumstances in the weather are exactly the reverse, at time in which Cynanche makes its appearance; for, we generally find intermittents arising from a long continuance of wet weather, succeeded by bright and cool days. Thus Cynanche often becomes epidemic but after long course of wet, and dry weather, succeeding succeeded by cold and wet. Hence the body becomes relaxed in consequence of the previous heat, which, being succeeded by cold, and wet, as thus induce constriction of the subcutaneous vessels is induced, determining the fluids to the internal parts, by which determination the internal coat of the intestines receives such an additional quantity of blood as produces inflammation and

its consequences.

Upon I believe that we may consider the proximate cause to be an inflammation of these parts, connected with a preternatural constriction of the colon, whereby the fæces are retained.

Constipation is a predisposition, various occasional exciting causes, besides those already mentioned may exist, such as acrid matter taken into the stomach, acrid injections, irritation from worms, and lastly any thing whatever, that may have the tendency of producing inflammation in the mucous coat of the intestines.

Of the cure of Dysentery

It now becomes necessary to consider the mode of treatment which ought to be the best adapted to the cure of this disease.

As it has been mentioned I presume to be a disease of an inflammatory nature, which of course, the indications of cure are sufficiently obvious: in all the common inflammation,—

together with the diaphoretic action which it attends is, to overcome the constriction of the alimentary canal, and thereby procure natural evacuations; and to restore, to the surface of the body which is hot and dry, its usual and healthy condition.

It was formerly the practice in this disease, to commence the cure with an emetic; But, as there is always more or less inflammation of the mucous membrane, or villous coat of the intestines in the early, or recent state of this disease, similar to that which occurs in the bronchia in catarrh, bleeding in the general cases should be resorted to.

The cases in which emetics are particularly useful are those in which the stomach is loaded with bile and other foul accumulations, occasioning nausea and other gastric uneasiness.

In regulating the quantity of liquid to be abstracted and the repetition of the remedy in dysentery, the practice as in cases of Enteritis is often as very uncertain guide for, in both diseases, it is generally small and low.

But only acute and frequent griping pain in the abdomen, previous to, and during every evacuation, accompanied with painful tenesmus, are signals for the employment and repetition of this remedy.

Though while these symptoms continue, it will be necessary to repeat the remedy every two hours until a manifest abatement of the local pain and distress is procured.

Blood-letting in the early stages of this disease answers a two-fold indication; for, it not only checks the progress of inflammation but likewise renders more susceptibility of the system to the operation of other remedies. The professor of the practice of Medicine in this University tells us, that, of all the means by which a susceptibility to the action of remedies may be produced, venesection is the most effectual. And as affections of the alimentary canal are eminently characterized by the want of this susceptibility to the operation of Medicines; the lancet,

in these cases is imperiously demanded.

He further states; that, independent of the reasons just stated, there is another motive for copious and early blood-letting in Dysentery. For connected with the affection of the bowels, there is commonly a degree of spasmodic constriction which is productive of much pain, and opposes an insuperable barrier in many cases to evacuations of the bowels. To overcome this constriction venesection, in some cases, is peculiarly powerful, and with the removal of the spasm, serves also as a remedy for the hot and dry surface which it occasions, by an moist and relaxed.

In conjunction with blood-letting, we must be sparing in the bowels of those situated as bowels. In carrying this indication into execution generally in the practice of administering Castor-oil, which undoubtedly answers very well in the limited form in which this disease sometimes presents itself; but it should be administered

with a liberal hand.

The common purging salts have been recommended with the addition of one fourth, or one half a grain of tartarized antimony, to be administered soon after the first bleeding, and the bowels of a full dose every two hours after, with the addition of a fourth, or a sixth part of a grain of emetic tartar to each dose, till the fixed pain is removed, and some copious and natural stools are procured.

But as regards Dysentery as it occurs in our own country, they insinuate the mercurial purgatives are certainly necessary. They are then found particularly to operate, evacuating rapidly through the bowels, making a rapid and complete, as to remove or carry away all the excrementitious matter, whereas Calomel administered alone or in combination with rhubarb or jalap, generally proves a valuable and effectual purgative in Dysentery.

In case it should linger in the bowels, it will become necessary to resort to the use of injections.

Should we have thus procured an evacuation from the bowels, we may keep them open, by gentle laxatives until the secretions become natural.

We have been told it delirium tremens, we running the exhibition of opium in this disease.

By the older practitioners it was considered as dangerous when administered in the early stages; but practitioners of this country, are in the habit of resorting to it much earlier and with very happy results; yet it becomes necessary to unite it with some evacuating ——— medicine.

For this purpose the oil and some of the saline purgatives answer very well, but what I think to be still better is a combination with calomel. In this way the opium reduces the irritation, whilst the calomel operates as a gentle cathartic.

After the inflammatory symptoms have been

reduced by depleting remedies, it becomes necessary for us to turn our attention to the cutaneous secretion, which is generally suppressed in a return to this to the healthy condition we resort to diaphoretics. Among them antimonial wine combined with laudanum, has been given, and attended with very happy results.

Jarmus's powder has been very highly extolled, in consequence of its possessing the advantage of cleansing the bowels if properly administered, and it is sometimes found to excite a plentiful sweat.

But what answers admirably well is a combination of opium, ipecacuanha, and calomel, recommended by Dr. Chapman in the following proportions

Pulv. opium 4 grs

Calomel 16 grs

Pulv. ipecacuanha 8 grs

to be made into eight pills or powders, one of which is to be ~~[illegible]~~ given every 2, 3 or 4 hours as circumstances may require. The Dr. does not consider

tion, as among the most active diaphoretics, but he considers it, medicine of very no dry effect. It continues intestinal irritation, relaxes the surface of the body, gently opens the bowels, and causes other improprieties, which though not very intelligible are eminently salutary in their consequences.

The above prescription is more particularly adapted to adults, for in children mercury should be administered with a cautious hand, in consequence of the irritation of the chyme and sometimes of the bowels which has been known to take place and terminate in diarrhoea by the too liberal use of this medicine.

Various external applications have been recommended in this disease, such as the warm bath, and fomentations of warm water to the abdomen, and legs, which frequently contribute to mitigate the pain and other distressing symptoms. In addition to these remedies if the pain continue

obstinate, the application of cups, leeches, and, more especially blisters, to the abdomen, and inside of the thighs, will be found highly useful.

To relieve those disagreeable local affections, which usually attend throughout this complaint, mucilaginous injections, will often be necessary. These may consist of flaxseed tea, barley water, or solution of gum arabic, or solution of starch &c.

If the fever and the tenesmus is connected with acrid accumulations in the bowels, the following mixture may be used with advantage.

℞ Oil of castor oil ..ʒi
Gum water ℥ss
Raw sugar ʒi
Laudanum ♏ xl to lx gtt
Wine of Ipecacuanha ʒss to ʒiij

Of this a little spoonful may be taken every 1, 2, or 3 hours as occasion may require.

Now an injection which answers extremely well is an injection consisted of from half a pint

to a pint of melted butter, or lard, free from salt and rancidity. This may be repeated every three or four hours, as oftenes as circumstances may require.

Anodyne injections are highly useful, but what answers still better, is from three to four grains of opium inserted into the rectum, this produces very little irritation, and as much benefit may be derived from it, as if taken into the stomach or administered any other way.

Before closing this imperfect dissertation, it remains for me, to consider the diet proper to be used in Dysentery.

As the disease is of an acute, and inflammatory nature we should select those articles, which are the least irritating and offensive to the stomach. They should consist of milk, mucillaginous, and demulcent drinks, such as barley water, rice water, mucilage of Gum Arabic, flaxseed tea, sago, tapioca &c.

The article of clothing is of considerable importance. Flannel should be worn next the skin, with-

the addition of a roller placed several times around the ~~body~~ abdomen with some degree of tightness. This promotes perspiration, and gives support to the weakened parts.

There may be, no doubt, slight variations in the treatment of this disease as adopted by different practitioners. The pathology however, being established, and the indications made certain, little need be said in apology for not having swelled the number of pages in this dissertation.